

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:sssptau1532cxa

PASSWORD:

LOGINID/PASSWORD REJECTED

The loginid and/or password sent to STN were invalid.
You either typed them incorrectly, or line noise may
have corrupted them.

Do you wish to retry the logon?

Enter choice (y/N):

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:sssptau153cxa

PASSWORD:

LOGINID/PASSWORD REJECTED

The loginid and/or password sent to STN were invalid.
You either typed them incorrectly, or line noise may
have corrupted them.

Do you wish to retry the logon?

Enter choice (y/N):

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:sssptau153cxa

PASSWORD:

TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * Welcome to STN International * * * * *

NEWS	1		Web Page URLs for STN Seminar Schedule - N. America
NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	SEP 01	New pricing for the Save Answers for SciFinder Wizard within STN Express with Discover!
NEWS	4	OCT 28	KOREAPAT now available on STN
NEWS	5	NOV 30	PHAR reloaded with additional data
NEWS	6	DEC 01	LISA now available on STN
NEWS	7	DEC 09	12 databases to be removed from STN on December 31, 2004
NEWS	8	DEC 15	MEDLINE update schedule for December 2004
NEWS	9	DEC 17	ELCOM reloaded; updating to resume; current-awareness alerts (SDIs) affected

NEWS 10 DEC 17 COMPUAB reloaded; updating to resume; current-awareness alerts (SDIs) affected

NEWS 11 DEC 17 SOLIDSTATE reloaded; updating to resume; current-awareness alerts (SDIs) affected

NEWS 12 DEC 17 CERAB reloaded; updating to resume; current-awareness alerts (SDIs) affected

NEWS 13 DEC 17 THREE NEW FIELDS ADDED TO IFIPAT/IFIUDB/IFICDB

NEWS 14 DEC 30 EPFULL: New patent full text database to be available on STN

NEWS 15 DEC 30 CAPLUS - PATENT COVERAGE EXPANDED

NEWS 16 JAN 03 No connect-hour charges in EPFULL during January and February 2005

NEWS 17 JAN 26 CA/CAPLUS - Expanded patent coverage to include the Russian Agency for Patents and Trademarks (ROSPATENT)

NEWS 18 FEB 10 STN Patent Forums to be held in March 2005

NEWS EXPRESS JANUARY 10 CURRENT WINDOWS VERSION IS V7.01a, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 10 JANUARY 2005

NEWS HOURS STN Operating Hours Plus Help Desk Availability

NEWS INTER General Internet Information

NEWS LOGIN Welcome Banner and News Items

NEWS PHONE Direct Dial and Telecommunication Network Access to STN

NEWS WWW CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that specific topic.

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* * * * * STN Columbus * * * * *

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=> s (civamide or (vanillyl(w)6(w)nonenamide))
 L1 352 (CIVAMIDE OR (VANILLYL(W) 6(W) NONENAMIDE))

=> s l1 an (headache or neuralgia or neuropathy)
MISSING OPERATOR L1 AN
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s l1 and (headache or neuralgia or neuropathy)
L2 59 L1 AND (HEADACHE OR NEURALGIA OR NEUROPATHY)

=> s l2 and (topical? or intranasal? or nasal?)
L3 49 L2 AND (TOPICAL? OR INTRANASAL? OR NASAL?)

=> s l3 and (drug delivery)
1 FILES SEARCHED...
L4 6 L3 AND (DRUG DELIVERY)

=> d l4 1-6 ibib abs

L4 ANSWER 1 OF 6 CAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2004:805904 CAPLUS
DOCUMENT NUMBER: 142:85673
TITLE: **Intranasal** medications for the treatment of
migraine and cluster **headache**
AUTHOR(S): Rapoport, Alan M.; Bigal, Marcelo E.; Tepper, Stewart
J.; Sheftell, Fred D.
CORPORATE SOURCE: Columbia University College of Physicians & Surgeons,
New York, NY, USA
SOURCE: CNS Drugs (2004), 18(10), 671-685
CODEN: CNDREF; ISSN: 1172-7047
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review. **Intranasal** medications for the treatment of
headache have recently received increased attention. This paper
reviews **intranasal** formulations of a variety of available
medications (dihydroergotamine mesylate, sumatriptan, zolmitriptan,
butorphanol, capsaicin and lidocaine) and one exptl. medication (
civamide, a cis-isomer of capsaicin) for the treatment of migraine
and cluster **headache**. Although the efficacy of
intranasal agents varies with the product used, **intranasal**
delivery may be both convenient and more effective than other modes of
drug delivery for a variety of reasons: (i)
intranasal administration bypasses small bowel gastrointestinal
tract absorption, which is often significantly delayed during the acute
phase of a migraine attack; (ii) nauseated patients may prefer non-oral
formulations as they decrease the chance of vomiting and are more rapidly
effective; (iii) **intranasal** administration causes no pain or
injection site reaction and is easier and more convenient to administer
than injection or suppository and so may be used earlier in a migraine
attack, resulting in better efficacy; (iv) **intranasal** medication
produces the same number or fewer adverse events than injections; and (v)
intranasal formulations offer a more rapid onset of action than
oral medications, for some of the above reasons and, as such, may be more
useful in patients with cluster **headache**, although this needs to
be verified. However, it is important to emphasize that a preference
study showed that most patients prefer oral tablets to an
intranasal formulation. Also, some **nasal** preps. have
significant adverse effects or are not well absorbed and therefore do not
work consistently; others are more challenging to administer as a result
of their delivery apparatus. Nevertheless, it is our opinion that **nasal**
preps. increase therapeutic options and may result in faster response
times and better efficacy than oral formulations and better patient
satisfaction than injectable preps.

REFERENCE COUNT: 80 THERE ARE 80 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 2 OF 6 USPATFULL on STN

ACCESSION NUMBER: 2000:61198 USPATFULL
TITLE: Therapeutic uses of pungent botanicals and their related compounds
INVENTOR(S): Staggs, Jeff J., 7474 E. Arkansas Ave. #8-10, Denver, CO, United States 80231

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 6063381		20000516
	WO 9323061		19931125
APPLICATION INFO.:	US 1997-338489		19970318 (8)
	WO 1993-US4763		19930519
			19970318 PCT 371 date
			19970318 PCT 102(e) date
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Granted		
PRIMARY EXAMINER:	Weddington, Kevin E.		
NUMBER OF CLAIMS:	19		
EXEMPLARY CLAIM:	1		
NUMBER OF DRAWINGS:	13 Drawing Figure(s); 7 Drawing Page(s)		
LINE COUNT:	2066		

AB A new class of general antiinfective agents extracted from pepper, ginger, and other plant species containing vanillyl and piperidine ring structures typical of the pungent principal found in pepper and ginger. The role of these structures, their attached hydrocarbons groups, and other agents found with the plant extract is demonstrated in the topical treatment of dermatophyte infections, tissue injuries, and abnormal proliferations of keratin.

L4 ANSWER 3 OF 6 USPATFULL on STN

ACCESSION NUMBER: 1998:64759 USPATFULL
TITLE: Method and compositions for controlling oral and pharyngeal pain using capsaicinoids
INVENTOR(S): Byas-Smith, Michael G., Decatur, GA, United States
PATENT ASSIGNEE(S): Emory University, Atlanta, GA, United States (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 5762963		19980609
APPLICATION INFO.:	US 1995-478554		19950607 (8)
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Granted		
PRIMARY EXAMINER:	Sayala, Chhaya D.		
LEGAL REPRESENTATIVE:	Knowles, Sherry M.King & Spalding		
NUMBER OF CLAIMS:	45		
EXEMPLARY CLAIM:	1		
NUMBER OF DRAWINGS:	2 Drawing Figure(s); 1 Drawing Page(s)		
LINE COUNT:	1234		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Methods and compositions are provided for the oral delivery of temporally increasing concentrations of capsaicin, its derivatives, and analogs (collectively, "capsaicinoids"), to provide oral or pharyngeal analgesia while minimizing sensations of nausea and burning associated with the oral administration of capsaicinoids. The methods and compositions described herein soothe and relieve oral or pharynx pain. In one embodiment, one or more capsaicinoids are dispersed within a lollipop, with successively decreasing concentrations of capsaicin from the center out to the periphery, and administered to a patient in need of amelioration of oral pain. Alternatively, the capsaicinoid can be dispersed, with decreasing concentrations from the center to the periphery, in a tablet, caplet, lozenge, troche, pill, candy, or similar formulation. Capsaicinoids include dihydrocapsaicin, norhydrocapsaicin,

homocapsaicin, homodihydrocapsaicin I, norhydrocapsaicin, homodihydrocapsaicin, nordihydrocapsaicin, **civamide**, nonivamide, NE-19550 (also called olvanil), NE-21610, NE-28345 (also called N-oley-l-homovanillamide), their analogs, and derivatives.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L4 ANSWER 4 OF 6 USPATFULL on STN

ACCESSION NUMBER: 97:80931 USPATFULL
TITLE: Transdermal therapeutic formulation
INVENTOR(S): Davis, Roosevelt, 27 Lullwater Estate Rd., Atlanta, GA, United States 30307
Primo-Davis, Susan A., 27 Lullwater Estate Rd., Atlanta, GA, United States 30307

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 5665378		19970909
APPLICATION INFO.:	US 1995-560806		19951121 (8)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 1994-315343, filed on 30 Sep 1994, now abandoned		
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Granted		
PRIMARY EXAMINER:	Phelan, D. Gabrielle		
LEGAL REPRESENTATIVE:	Connolly & Hutz		
NUMBER OF CLAIMS:	19		
EXEMPLARY CLAIM:	1		
NUMBER OF DRAWINGS:	1 Drawing Figure(s); 1 Drawing Page(s)		
LINE COUNT:	473		

AB The present invention relates to a transdermal therapeutic formulation comprising capsaicin, a nonsteroidal anti-inflammatant and pamabrom. The formulation is used to alleviate pain or discomfort in a mammal by being applied to the skin of the mammal thereby causing the active ingredients in the formulation to pass into and/or through the skin of the mammal. In a preferred embodiment of the present invention, the formulation is used in patch form for the treatment of the pain and discomfort associated with menstrual cramps, water retention (e.g., "bloating") and/or muscular pain (e.g., muscular back pain).

L4 ANSWER 5 OF 6 MEDLINE on STN

ACCESSION NUMBER: 2004368141 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15270595
TITLE: **Intranasal** medications for the treatment of migraine and cluster headache.
AUTHOR: Rapoport Alan M; Bigal Marcelo E; Tepper Stewart J; Sheftell Fred D
CORPORATE SOURCE: Columbia University College of Physicians & Surgeons, New York, NY, USA.. alanrapoport@nech.net
SOURCE: CNS drugs, (2004) 18 (10) 671-85. Ref: 80
Journal code: 9431220. ISSN: 1172-7047.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200410
ENTRY DATE: Entered STN: 20040725
Last Updated on STN: 20041026
Entered Medline: 20041025

AB **Intranasal** medications for the treatment of headache have recently received increased attention. This paper reviews **intranasal** formulations of a variety of available medications (dihydroergotamine mesylate [dihydroergotamine mesilate], sumatriptan,

zolmitriptan, butorphanol, capsaicin and lidocaine [lignocaine]) and one experimental medication (**civamide**, a cis-isomer of capsaicin) for the treatment of migraine and cluster **headache**. Although the efficacy of **intranasal** agents varies with the product used, **intranasal** delivery may be both convenient and more effective than other modes of **drug delivery** for a variety of reasons:

(i) **intranasal** administration bypasses small bowel gastrointestinal tract absorption, which is often significantly delayed during the acute phase of a migraine attack; (ii) nauseated patients may prefer non-oral formulations as they decrease the chance of vomiting and are more rapidly effective; (iii) **intranasal** administration causes no pain or injection site reaction and is easier and more convenient to administer than injection or suppository and so may be used earlier in a migraine attack, resulting in better efficacy; (iv) **intranasal** medication produces the same number or fewer adverse events than injections; and (v) **intranasal** formulations offer a more rapid onset of action than oral medications, for some of the above reasons and, as such, may be more useful in patients with cluster **headache**, although this needs to be verified. However, it is important to emphasise that a preference study showed that most patients prefer oral tablets to an **intranasal** formulation. Also, some **nasal** preparations have significant adverse effects or are not well absorbed and therefore do not work consistently; others are more challenging to administer as a result of their delivery apparatus. Nevertheless, it is our opinion that **nasal** preparations increase therapeutic options and may result in faster response times and better efficacy than oral formulations and better patient satisfaction than injectable preparations.

L4 ANSWER 6 OF 6 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2004369350 EMBASE

TITLE: **Intranasal** medications for the treatment of migraine and cluster **headache**.

AUTHOR: Rapoport A.M.; Bigal M.E.; Tepper S.J.; Sheftell F.D.

CORPORATE SOURCE: Dr. A.M. Rapoport, New England Center for Headache, P.C., 778 Long Ridge Road, Stamford, CT 06902-1251, United States. alanrapoport@nech.net

SOURCE: CNS Drugs, (2004) 18/10 (671-685).

Refs: 80

ISSN: 1172-7047 CODEN: CNDREF

COUNTRY: New Zealand

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 008 Neurology and Neurosurgery

030 Pharmacology

037 Drug Literature Index

038 Adverse Reactions Titles

039 Pharmacy

LANGUAGE: English

SUMMARY LANGUAGE: English

AB **Intranasal** medications for the treatment of **headache**

have recently received increased attention. This paper reviews **intranasal** formulations of a variety of available medications (dihydroergotamine mesylate [dihydroergotamine mesilate], sumatriptan, zolmitriptan, butorphanol, capsaicin and lidocaine [lignocaine]) and one experimental medication (**civamide**, a cis-isomer of capsaicin) for the treatment of migraine and cluster **headache**. Although the efficacy of **intranasal** agents varies with the product used, **intranasal** delivery may be both convenient and more effective than other modes of **drug delivery** for a variety of reasons:

(i) **intranasal** administration bypasses small bowel gastrointestinal tract absorption, which is often significantly delayed during the acute phase of a migraine attack; (ii) nauseated patients may prefer non-oral formulations as they decrease the chance of vomiting and are more rapidly effective; (iii) **intranasal** administration

causes no pain or injection site reaction and is easier and more convenient to administer than injection or suppository and so may be used earlier in a migraine attack, resulting in better efficacy; (iv) **intranasal** medication produces the same number or fewer adverse events than injections; and (v) **intranasal** formulations offer a more rapid onset of action than oral medications, for some of the above reasons and, as such, may be more useful in patients with cluster headache, although this needs to be verified. However, it is important to emphasise that a preference study showed that most patients prefer oral tablets to an **intranasal** formulation. Also, some **nasal** preparations have significant adverse effects or are not well absorbed and therefore do not work consistently; others are more challenging to administer as a result of their delivery apparatus. Nevertheless, it is our opinion that **nasal** preparations increase therapeutic options and may result in faster response times and better efficacy than oral formulations and better patient satisfaction than injectable preparations.

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